

TOWN OF ARLINGTON
APPLICATION FOR APPOINTMENT AS CONSTABLE

I HEREBY APPLY FOR APPOINTMENT TO THE POSITION OF CONSTABLE IN THE TOWN OF ARLINGTON IN ACCORDANCE WITH THE PROVISIONS OF THE GENERAL LAWS OF MASSACHUSETTS, CHAPTER 41, SECTION 91B.

PLEASE PRINT OR TYPE:

1. NAME _____

2. HOME ADDRESS _____

3. MAILING ADDRESS _____
(if different) _____

4. Daytime No:_____ Evening No:_____ Mobile No:_____

5. LIST RESIDENTIAL ADDRESSES FOR THE PAST FIVE YEARS:

6. SOCIAL SECURITY NO. _____

→Note to Board staff: redact Social Security No. before releasing document

7. PLACE OF BIRTH _____

(If the place of birth is outside of the United States, proof of United States citizenship may be required)

8. PHYSICAL CHARACTERISTICS: Attach a copy of a picture ID.

→Note to Board staff: redact Driver's License/ID No. before releasing document

9. HAVE YOU EVER BEEN CONVICTED, IN ANY JURISDICTION, OF ANY FELONY AND/OR MISDEMEANOR? Yes () No ()

10. IF YOUR RESPONSE TO QUESTION 9 IS "YES," PLEASE DESCRIBE BRIEFLY, INCLUDING A REFERENCE TO THAT JURISDICTION IN WHICH THE CRIMINAL PROSECUTION RESULTING IN YOUR CONVICTION WAS UNDERTAKEN:

11. HAVE YOU EVER BEEN APPOINTED OR ELECTED AS A CONSTABLE IN ANY CITY OR TOWN IN THE COMMONWEALTH OF MASSACHUSETTS?

YES () or NO () [check one]

12. IF THE RESPONSE ABOVE IS "YES," PLEASE STATE THE DATE OF APPOINTMENT OR ELECTION AND THE TERMS OF OFFICE IN WHICH YOU SERVED AS CONSTABLE

13. HAVE YOU EVER BEEN DENIED AN APPOINTMENT AS A CONSTABLE?

YES () or NO () [check one]

14. IF "YES" GIVE THE DATE, THE CITY/TOWN OF DENIAL, AND A DETAILED EXPLANATION/REASON FOR THE DENIAL.

EACH APPLICATION FOR APPOINTMENT AS CONSTABLE MUST CONTAIN A STATEMENT AS TO THE MORAL CHARACTER OF THE APPLICANT TO BE SIGNED BY AT LEAST FIVE REPUTABLE CITIZENS OF THE CITY OR TOWN OF HIS OR HER RESIDENCE, ONE OF WHOM SHALL BE AN ATTORNEY-AT-LAW. PLEASE PROVIDE THOSE SIGNATURES IN THE APPROPRIATE SPACE BELOW. ATTORNEYS: PLEASE PROVIDE BAR REGISTRATION INFORMATION.

TO THE SELECT BOARD OF THE TOWN OF ARLINGTON: THE APPLICANT _____ IS OF SUFFICIENT MORAL CHARACTER TO WARRANT APPOINTMENT TO THE POSITION OF CONSTABLE OF THE TOWN OF ARLINGTON.

PRINT LEGIBLY OR TYPE:

NAME	SIGNATURE	ADDRESS	DAY/NIGHT TEL. #'S	OCCUPATION
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1. _____
2. _____
3. _____
4. _____
5. _____

BONDING IS REQUIRED FOR THIS APPOINTMENT

All appointments to the position of Constable in the Town of Arlington are subject to the appointee immediately upon appointment obtaining a surety bond in the maximum amount specified in M.G.L. Chapter 41, Section 92, which said bond be Select Board, and that said bond be filed in the office of the Town Clerk. This surety bond must be kept in full force and effect during the term of office.

INVESTIGATION

M.G.L. Chapter 41, Section 91B, requires the appointing authority to conduct an investigation into the character and reputation all Applicants for appointment to the position of constable. Consequently, all applicants shall be required to submit to the Town of Arlington Chief of Police such information as may be reasonably required to conduct that investigation on behalf of the Select Board for the Town of Arlington. The signature below of the Chief of Police or designee indicates completion of such investigation and agreement that the applicant is of sufficient moral character and good repute to be qualified to be appointed a Constable within the Town of Arlington.

In addition, all applicants recommended for appointment to the Select Board by the Chief of Police after his investigation shall be required to appear personally before the Select Board for an interview.

POLICE CHIEF (or designee)

DATE

CRIMINAL HISTORY

The applicant is to submit Board of Probation and driver history check.

By signing and submitting this application, the applicant acknowledges that the powers and duties of Constables in the Town of Arlington are governed by Sections 91A through 95B of Chapter 41 of the Massachusetts General Laws and agrees to comply with these and all other applicable legal requirements.

The facts submitted on this application are made under oath and any false statements will be cause for revocation of appointment or re-appointment.

DATE

APPLICANT'S SIGNATURE

COMMONWEALTH OF MASSACHUSETTS

_____, ss

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____,

- ☐ Personally known to me, or
- ☐ Proved to me through satisfactory evidence of identification, which was
 - ☐ A drivers' license
 - ☐ Other: _____

to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of her knowledge and belief.

(SEAL)

Notary Public

(Printed Name)

My commission expires: _____

AUTHORITY FOR RELEASE OF INFORMATION
OFFICE OF THE SELECT BOARD

Date _____

I, _____, born on _____
having filed an application for appointment as a Constable with the Town of Arlington, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give any further information that may be required in reference to my past record.

I also authorize and request, every person, firm, company, corporation, governmental agency, court association or institution having control of any documents, records and/or other such information pertaining to me, to furnish to the Office of the Select Board, Town of Arlington, any such information including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit Office of the Select Board or any of its agents or representatives to inspect and make copies of such documents records and other information.

I hereby release, discharge and exonerate the Office of the Select Board, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records and other information or the investigations made by or in behalf of the Office of the Select Board, Town of Arlington.

I understand that this agency abides by the Federal Confidentiality Regulations, which protect the confidentiality of my records, and that certain information contained therein cannot be disclosed without written consent unless otherwise provided for in the regulations

This authority shall continue for three years unless sooner revoked in writing by the undersigned.

Applicant Signature

Witness Signature

Applicant Address

Witness Address

Applicant SS#

→**Note to Board staff: redact Social Security No.
before releasing document**

Applicant Vehicle Registration Number

Father's Name

Mother's Maiden Name